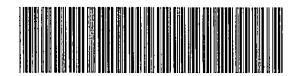


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: LEGACY BODY	GROUP, INC.	
	1BER:		
	es of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	JORGE CORNELIO		
		Name of Contact Person	n
	LEGACY BODY GROUP.	INC.	
		Firm/ Company	
	11093 N.W. 138th STREET	#114	
		Address	
	HIALEAH GARDENS, FL.	33018	
		City/ State and Zip Cod	e
ME	RENGUITOS329@GMAIL.C	OM	
	E-mail address: (to be u	sed for future annual report	notification)
For further informati	on concerning this matter, plea:	se call:	
JORGE CORNELIC)	at (de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.O	ailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

FILED

LEGACY BODY GROUP, INC.

17 SEP 28 AM 10: 36 SECENTRE

(Name of Corporation as currently	filed with the Florida Dept. of State)
P16000083088	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
POMPEII BODY GROUP, INC.	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Cword "chartered," "professional association," or the abbreviation "I	" "company," or "incorporated" or the abbreviation of the abbrevia
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
Now Registered Office Address:	, Florida
(6)	Tity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the signature of New Registered Agent.	th and accept the obligations of the position. The position of the position of the position. The position of

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD,

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		<u> </u>
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change		_		
Add				
Remove				
4)Change				
Add		_		
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)
	-
-	
-	
f an amendment provides for an exclusions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	transfer a not contained in the amendment fisen.
·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE)</u>	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nt(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	?ment
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
SEPTE: Dated	MBER 20, 2017	
Signature	los Conto	
(By)	director, president or other officer – if directors or officers have not be cted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	en ourt
	JORGE CORNELIO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	